

"The extent of the induration of the integument is first carefully examined, and then a tenotomy knife is passed horizontally underneath it, the blade turned upwards, and, the forefinger of the left hand serving as a guide upon the upper surface of the tumour, the hardened structure is cut through, taking care not to wound the surface of the skin; it is, in fact, a subcutaneous division of the disease, and is carried to the utmost extremity of the induration.

"The disease, previously spreading, is at once arrested in the direction of the knife, but it is necessary to make a second puncture at right angles with the first, and thus a crucial incision, or it will still spread in the opposite direction. The bleeding is sometimes considerable, sometimes trifling, and when this has ceased, the whole surface of the tumour should be covered with collodion.

"Immediate relief is felt by the patient as the result of this proceeding, and he is able at once to pursue his ordinary avocations.

"The inflammation speedily resolves, or if any suppuration whatever occurs, it is in very small quantity, and easily finds vent through one of the punctures.

"This operation being somewhat slow and painful it is only where an immediate result is greatly desired that I venture to adopt it, preferring generally the quicker method of dividing the integument completely, but it is interesting to know the fact of its invariable efficacy. An inquiry is often made by the patient whether the malady will return elsewhere if thus suddenly arrested? I do not find that a second boil or carbuncle occurs when thus interrupted more frequently than when the disease is left to take its course; on the contrary, where poultices are used a recurrence is frequent; indeed, this remedy, when used for other disorders, often seems to produce the disease.

"With regard to larger and more neglected carbuncles, where the life of the patient is endangered by their extent, it is worth while making the remark that the disease can at any time be arrested by the knife *while it is still spreading*. But the *crucial* incision is often insufficient where the disease has acquired the size of a cheese plate. It will spread at the circumference between the longitudinal and lateral incisions at some point or other, and an incision made here at once still arrests its progress. A large carbuncle will, therefore, often require to be *starred* to arrest it completely.

"What is called *opening* a carbuncle, that is, making a free incision simply or crucially in the centre, does not, so far as my observation goes, appear to do much good; and I think the doubt about the good effect of operative procedure, which exists in the minds of some, is due to the observation of this method alone."

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45. *How to Relieve Pain in Diseased Bladder.*—The presence of urine, and more especially of uric or phosphatic calculi or concretions at the *bas-fond* of a diseased bladder, sometimes produce violent pains in the bladder, and render all movement painful. In such cases, if the patient be placed on an inclined plane, which, by raising the lower part of the pelvis, throws the contents of the bladder towards the upper and posterior part of the cavity (which is much less sensitive), relief is almost immediately produced, even though other means have been tried in vain.—*Brit. Med. Journal*, Feb. 1, 1862, from *Rev. de Thé. Méd.-Chir.*, Dec. 1, 1861.

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46. *Deafness Consequent on Rheumatism—Noise in the Ears.*—A case of deafness consequent on rheumatism, treated by Mademoiselle Cleret's method, has been related by Dr. DELIQUX. A cannonier, 51 years of age, had an attack of acute rheumatism six months previously, which passed into the chronic form, and was accompanied by deafness of the left ear, with diminution of hearing in the right ear, frequent buzzing at both ears, but no discharges. Received into the Marine Hospital at Toulon, he was subjected to the instillation of ether in both ears. He immediately felt a kind of expansion in the interior of the ear, accompanied by a slight pain, but at once his conception of sounds became less confused. Next day he declared that he heard with his right ear as well as before his illness. The instillation was now only applied to the left ear, and repeated three times on the following day. On the fourth day the hearing of both ears was perfectly restored. The general rheumatism was treated with

sulphureous baths, and the vinum Ardurani during the following month, under the apprehension that the deafness might return as long as any rheumatism continued.

The composition of vinum Ardurani is as follows: Bulb of colehieum 30 parts; leaves of fraxinus ornus 38 parts; Malaga wine 300 parts. Macerate during eight days and strain off; then add tincture of aconite 8 parts; tincture of digitalis 5 parts. A large teaspoonful to be taken morning and evening.

Dr. Delioux gives two other cases of rheumatic deafness treated in the same way, but in which there was only an improvement and not a complete cure. This he explains by the general disease predominating over the local affection.

Among other facts confirming this view respecting the connection between noises in the ear and imperfections of hearing with rheumatism, and in an especial manner proving the use of instillations of ether in this particular kind of deafness, one related by M. Bellemont should not be omitted. A labourer, 60 years of age, subject to rheumatic pains in his limbs, found after some time that they all became concentrated in his head, and during a year he became so deaf as to give up the enjoyment of conversation. He described a sound in his ears like that of a swarm of bees. After an ineffectual trial of several remedies, M. Berlemont applied two instillations of ten drops of ether at the interval of a quarter of an hour. Immediately he began to hear distinctly. The same treatment has been continued, and deafness and noise in the ears are now completely removed.

A series of similar facts has been received from M. Coursier, the most remarkable of which occurred in children complaining of noises in the ears. In one of these the patient, seven years of age, could not bear the application of the ether. By mixing it with one-half of glycerine the object was accomplished. M. Debout, however, states that although glycerine succeeds in eczematous deafness, yet that it exercises a prejudicial influence in cases of nervous deafness, even when an amelioration has been obtained by ether.—*Glasgow Med. Journ.*, July, 1862, from *Journ. de Méd. et de Chirurgie*.

47. *Difficulties and Dangers attending Catheterism of the Eustachian Tube.*—In a recent article M. TRIQUET describes the principal difficulties attending catheterism of the Eustachian tube, and the accidents to which it may give rise. Difficulty may arise on the part of the patient from extreme timidity, or from indocility in children; and both these may necessitate the use of chloroform. Excessive narrowness of the nasal fossæ sometimes requires the use of a sound of small calibre and but slightly curved, which in such cases must be introduced gently under the lower turbinated bone, with the point directed towards the external wall of the fossa. Sometimes the narrowness is so great that the catheter, on reaching the middle of the nasal fossa, is arrested, and as it were grasped between the septum and the turbinated bone, or between the turbinate bone and the upper jaw. If this be found to occur, and the point of the instrument, being in the proper direction, cannot advance, it must be withdrawn, and again introduced after the patient has been allowed a few minutes' rest.

Difficulties may also arise from the configuration of the inferior nasal fossa. Extreme narrowness may be caused by chronic inflammatory thickening of the mucous membrane; by polypi or fleshy vegetations; by hypertrophy of the lower turbinate bone, or by greater or less unnatural elongation of the bone, with a faulty direction of the curve; by deviation of the septum of the nasal fossæ; by exostosis from the ascending process of the superior maxillary bone, or from the lower turbinate bone. Extreme sensibility of the pituitary membrane, and the pain produced by the least touch, also constitute a serious difficulty. Difficulties may also arise in the introduction of the catheter, from not choosing a proper mode of operating, from using a too large or too curved instrument, or from giving it a wrong direction. M. Triquet introduces the instrument directly into the inferior meatus, with the end resting against the external wall. If it is gently carried on in this direction, the point of the instrument must infallibly reach the orifice of the Eustachian tube, which lies immediately behind the inferior meatus.

The accidents arising from the operation may be local or general. The local